

<i>SERFF Tracking Number:</i>	<i>EVST-125602601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-20023652</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline Filing</i>		
<i>Project Name/Number:</i>	<i>Schedule of Taxes, Surcharges and Fees/AR-CL-20023652</i>		

## Filing at a Glance

Company: Everest National Insurance Company

Product Name: Interline Filing

SERFF Tr Num: EVST-125602601

State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-CL-20023652

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Author: Vanessa King

Disposition Date: 04/17/2008

Date Submitted: 04/10/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

07/01/2008

State Filing Description:

## General Information

Project Name: Schedule of Taxes, Surcharges and Fees

Status of Filing in Domicile: Pending

Project Number: AR-CL-20023652

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Everest National Insurance Company (ENIC) is introducing the following forms:

- ILU 004 01 08 – Schedule Of Taxes, Surcharges Or Fees

This new Schedule will facilitate more detailed information on the applicable taxes, surcharges or fees associated with a given policy.

SERFF Tracking Number: EVST-125602601 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-20023652  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Interline Filing  
Project Name/Number: Schedule of Taxes, Surcharges and Fees/AR-CL-20023652

• ILU 003 01 08 – Change Endorsement

This new edition of this endorsement reflects minor editorial changes and additional wording to support the utilization of ILU 004 01 08.

## Company and Contact

### Filing Contact Information

Vanessa King, Manager, Filing and Regulation [vanessa.king@everestre.com](mailto:vanessa.king@everestre.com)  
P.O. Box 830 (908) 604-3267 [Phone]  
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

### Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware  
477 Martinsville Road Group Code: 1120 Company Type:  
P.O. Box 830  
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:  
Ltd.  
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee for a form filing is \$50.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	04/10/2008	19420564

<i>SERFF Tracking Number:</i>	<i>EVST-125602601</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Schedule of Taxes, Surcharges and Fees/AR-CL-20023652</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	04/17/2008	04/17/2008

<i>SERFF Tracking Number:</i>	<i>EVST-125602601</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline Filing</i>		
<i>Project Name/Number:</i>	<i>Schedule of Taxes, Surcharges and Fees/AR-CL-20023652</i>		

## Disposition

Disposition Date: 04/17/2008  
Effective Date (New): 07/01/2008  
Effective Date (Renewal): 07/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	EVST-125602601	State:	Arkansas
Filing Company:	Everest National Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CL-20023652		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Interline Filing		
Project Name/Number:	Schedule of Taxes, Surcharges and Fees/AR-CL-20023652		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Change Endorsement	Approved	Yes
Form	Schedule Of Taxes, Surcharges Or Fees	Approved	Yes

SERFF Tracking Number:	EVST-125602601	State:	Arkansas
Filing Company:	Everest National Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CL-20023652		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Interline Filing		
Project Name/Number:	Schedule of Taxes, Surcharges and Fees/AR-CL-20023652		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Change Endorsement	ILU 003 01 08	01 08	Declaration New s/Schedule		0.00	ILU 003 01 08.pdf
Approved	Schedule Of Taxes, Surcharges Or Fees	ILU 004 01 08	01 08	Declaration New s/Schedule		0.00	ILU 004 01 08 _2_.pdf

**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY  
CHANGE ENDORSEMENT**

**ENDT. NO.**

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.	COUNTERSIGNED BY:  <div style="border-top: 1px solid black; text-align: center;">AUTHORIZED REPRESENTATIVE</div>	
	POLICY TERM:                      TO	
<b>COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by <input checked="" type="checkbox"/> below)</b>		
<div style="padding-left: 10px;"> <input type="checkbox"/> <b>Commercial Property</b>   <input type="checkbox"/> <b>Commercial General Liability</b>   <input type="checkbox"/> <b>Commercial Crime</b>   <input type="checkbox"/> <b>Commercial Inland Marine</b>   <input type="checkbox"/> _____   <input type="checkbox"/> _____         </div>		
<b>CHANGE DESCRIPTION</b>		
<b>PREMIUM CHANGE</b> (Includes Any Applicable Taxes, Surcharges Or Fees)		
Additional \$ _____                      Return \$ _____		

## SCHEDULE OF TAXES, SURCHARGES OR FEES

ENDT. NO.

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.	COUNTERSIGNED BY:	
	_____ AUTHORIZED REPRESENTATIVE	
<input type="checkbox"/> AN "X" IN THIS BOX INDICATES THAT THE AMOUNTS SHOWN BELOW REPRESENT A CHANGE IN THE APPLICABLE TAXES, SURCHARGES OR FEES		



<i>SERFF Tracking Number:</i>	<i>EVST-125602601</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Interline Filing</i>		
<i>Project Name/Number:</i>	<i>Schedule of Taxes, Surcharges and Fees/AR-CL-20023652</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>EVST-125602601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-20023652</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline Filing</i>		
<i>Project Name/Number:</i>	<i>Schedule of Taxes, Surcharges and Fees/AR-CL-20023652</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	04/17/2008
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### Comments:

### Attachments:

Transmittal.pdf

Form Filing Schedule.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">a.</td><td>Date the filing is received:</td></tr> <tr><td>b.</td><td>Analyst:</td></tr> <tr><td>c.</td><td>Disposition:</td></tr> <tr><td>d.</td><td>Date of disposition of the filing:</td></tr> <tr><td>e.</td><td>Effective date of filing:</td></tr> <tr> <td style="width: 5%;"></td> <td style="width: 60%;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> </td> </tr> <tr><td>f.</td><td>State Filing #:</td></tr> <tr><td>g.</td><td>SERFF Filing #:</td></tr> <tr> <td>h.</td> <td>Subject Codes</td> </tr> </table>	a.	Date the filing is received:	b.	Analyst:	c.	Disposition:	d.	Date of disposition of the filing:	e.	Effective date of filing:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business		f.	State Filing #:	g.	SERFF Filing #:	h.	Subject Codes
a.	Date the filing is received:																						
b.	Analyst:																						
c.	Disposition:																						
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business																			
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Renewal Business																							
f.	State Filing #:																						
g.	SERFF Filing #:																						
h.	Subject Codes																						

  

<b>3. Group Name</b>	<b>Group NAIC #</b>
Everest Re Group, Ltd.	1120

  

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

  

<b>5. Company Tracking Number</b>	AR-CL-20023652
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Associate Manager	(908) 604-3267	(908) 604-3526	<a href="mailto:vanessa.king@everestre.com">vanessa.king@ev erestre.com</a>

  

7. Signature of authorized filer	Vanessa King
8. Please print name of authorized filer	Vanessa King

  

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Interline									
10. Sub-Type of Insurance (Sub-TOI)	All lines except Workers Compensation									
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]										
12. Company Program Title (Marketing title)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
13. Filing Type	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Rate/Loss Cost</td> <td style="width: 33%;">Rules</td> <td style="width: 33%;">Rates/Rules</td> </tr> <tr> <td><input checked="" type="checkbox"/> Forms</td> <td><input type="checkbox"/> Combination Rates/Rules/Forms</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Withdrawal</td> <td colspan="2"><input type="checkbox"/> Other (give description)</td> </tr> </table>	Rate/Loss Cost	Rules	Rates/Rules	<input checked="" type="checkbox"/> Forms	<input type="checkbox"/> Combination Rates/Rules/Forms		<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Other (give description)	
Rate/Loss Cost	Rules	Rates/Rules								
<input checked="" type="checkbox"/> Forms	<input type="checkbox"/> Combination Rates/Rules/Forms									
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Other (give description)									
14. Effective Date(s) Requested	New: 7/1/2008                      Renewal: 7/1/2008									
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
16. Reference Organization (if applicable)										
17. Reference Organization # & Title										
18. Company's Date of Filing										
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved									

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CL-20023652
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Everest National Insurance Company (ENIC) is introducing the following forms:

- ILU 004 01 08 – Schedule Of Taxes, Surcharges Or Fees

This new Schedule will facilitate more detailed information on the applicable taxes, surcharges or fees associated with a given policy.

- ILU 003 01 08 – Change Endorsement

This new edition of this endorsement reflects minor editorial changes and additional wording to support the utilization of ILU 004 01 08.

These forms do not replace any other filed and approved ENIC forms.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** EFT

**Amount:** \$100.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CL-20023652			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Change Endorsement	ILU 003 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Schedule of Taxes, Surcharges, or Fees	ILU 004 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		